PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000								10 09/11/229						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY		
TC	OTAL CLAIMS							RATE		FEE	1	RATE	FEE	
FOR			NUMBER	FILED	NUMBER EXTRA			BASIC F	EE	355.00	OR	BASIC FEE	710.00	
TC	TAL CHARGEA	BLE CLAINS	nus 20=	• 2	7		X\$ 9		243	OR	X\$18=	486:00		
INDEPENDENT CLAIMS 3 9				nus 3 =	. Ĉ	,		X40=	_	240	OR	X80=	480	
MULTIPLE DEPENDENT CLAIM PRESENT							ı	+135		10	1	+270=	.7 80	
* If the difference in column 1 is less than zero, enter #0* in column 2								TOTA		858	OR	TOTAL		
CLAIMS AS AMENDED - PART II								1017	-	0)0	JOR	OTHER	THAN	
(Column 1) (Column 2) (Column 3)								SMAL	L E	NTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=	=		OR	X\$18=		
	Independent	•	Minus	***		=	Ì	X40=			OR	X80=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=			OR	+270=		
								TOT	ΑĻ			TOTAL		
(Column 1) (Column 2) (Column 3)									EE			ADDIT. FEE		
AMENDMENT B	CLAIMS		HIGH		EST		ſ		П	ADDI-	1	-	ADDI-	
		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE		TIONAL FEE		RATE	TIONAL FEE	
	Total	•	Minus	**		=	ı	X\$ 9=	-		OR	X\$18=		
	Independent	•	Minus	***		=	ı	X40=		·	OR	X80=		
	FIRST PHESE	NTATION OF ML	JETIPLE DEF	ENDENI	CLAIM		I	+135=			OR	+270=		
							Ł	TOTA	AL		OB	TOTAL		
	•	(Column 1)		(Colun	on 21	(Column 3)	A	NDDIT. FE	EL		JON ,	ADDIT. FEE		
		CLAIMS	[]	HIGH	EST		г		1	ADDI-	1	<u> </u>	4001	
AMENDMENT C	·	REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	USLY	PRESENT EXTRA		RATE	ŀ	TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=	ſ	X\$ 9=	T		OR	X\$18=		
	Independent	•	Minus	***		=	ŀ	X40=	1			X80=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								╅		OR			
1 If the particular polyment is too then the enter is polymen 0 yards 700 is palyer 0											OR	+270=		
••	if the "Highest Nu	mber Previously Pa mber Previously Pa	aid For IN THI	S SPACE IS	less tha	n 20, enter "20."	A	TOTA DOIT. FE]	OR	TOTAL ADDIT, FEE		
		ber Previously Pai					four	nd in the	ann	ropriate box	in cot	umn 1.		

Application or Docket Number